

Michigan Department
of Community Health



STATE OF NEW YORK
DEPARTMENT OF HEALTH



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée



Pennsylvania
Department of Health



Wisconsin Department of
Health and Family Services

Great Lakes Border Health Initiative

Infectious Disease Emergency Communications Guideline

Partners

Michigan Department of Community Health
Minnesota Department of Health
New York State Department of Health
Ohio Department of Health
Ontario Ministry of Health and Long-Term Care
Pennsylvania Department of Health
Wisconsin Division of Public Health
Local Health and Tribes/First Nations
on the US/Canadian Border

Updated on May 17, 2007

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Purpose Statement

Partners:

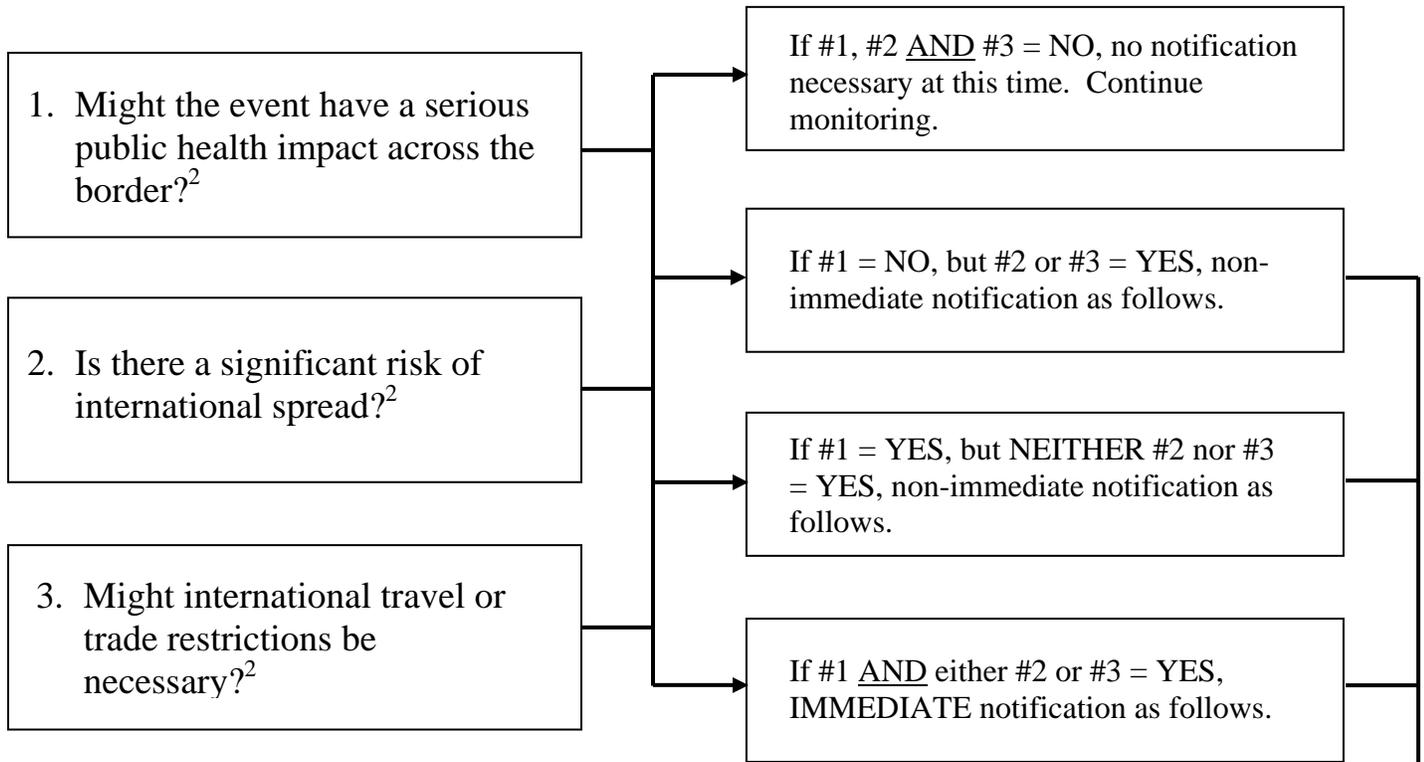
- Michigan Department of Community Health
- Minnesota Department of Health
- New York State Department of Health
- Ohio Department of Health
- Ontario Ministry of Health and Long-Term Care
- Pennsylvania Department of Health
- Wisconsin Division of Public Health
- Local and Tribal Units Bordering Ontario

Purpose: This document has been prepared as a component of the GREAT LAKES BORDER HEALTH INITIATIVE, a cooperative endeavor between the ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE and bordering U.S. state health departments, to enhance early warning infectious disease surveillance at our international borders.

The purpose of this document is to create a tool to categorize emergency vs. non-emergency public health events and to pre-determine preferred routes of communications for such events involving the public health partners listed above.

Use: The document is organized so that the user first accesses the *Decision Tree for Events Which Require Public Health Agency Notification Between Ontario and Neighboring States*. This algorithm, and the definition pages that follow, guides the user through questions to determine whether or not notification of the state or provincial health agency is required. Following the definition pages are individual Communication Guidelines for the province and each state, which outline the proper routes of communication. Lastly, this document provides related resources for infectious disease issues including a chart of Notifiable Diseases for each of the jurisdictions.

Decision Tree for Events Which Require Public Health Agency Notification Between Ontario & Neighboring States¹



PROCEED WITH PROPER NOTIFICATION:

Situational alerts may be shared across borders via Health Alert Networks.³ Communications which require sharing of individually identifiable data should be shared via phone or internet in a secure manner.

- Event involving single local health unit across the international border: Notify local health unit across the border and/or own provincial/state public health agencies.⁴
- Event involving more than a single local health unit across the international border: Notify own state/provincial health agency and then cross-border state/provincial health agency.⁴
- Please see:
 - Page 5 for Definitions/Examples
 - Page 6 for Epidemiological Data to Share Across State and International Borders
 - Appendices 1-7 for State/Provincial Communication Protocols

¹ For routine reporting of notifiable diseases between Ontario and U.S., report to the appropriate local health unit. (See Appendix 8 for listing of notifiable diseases.)

² See Definitions/Examples, page 5. (Flow sheet adapted from 11/04 draft of the World Health Organization's International Health Regulations. Current version, updated 05/05, found at: http://www.who.int/csr/ihr/IHRWHA58_3-en.pdf.)

³ Please see Appendix 9.

⁴ State & Provincial health units should consult the World Health Organization's International Health Regulations Annex 2 Decision Tree for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern to determine duty to report to their Federal Health Agency. See <http://www.who.int/csr/ihr/en/>.

Definitions/Examples For Decision Tree For Events Which Require Public Health Agency Notification

- 1. MIGHT THE EVENT HAVE A SERIOUS PUBLIC HEALTH IMPACT ACROSS THE BORDER?**
 - a. Event due to unknown agent with unpredictable public health impact
 - b. Event due to known agent with the following factors:
 - i. Unusual disease pattern (e.g. unusual season, route of transmission, severity, i.e. the number of deaths for this type of event large for the given place and time)
 - ii. Previously eradicated agent (e.g. smallpox)
 - iii. Known agent but new for the geographical region (e.g. West Nile Virus for North America before 2000)
 - iv. Potential to cause epidemic even if no or few human cases are being identified.
 - v. Indication of treatment failure (emerging resistance, vaccine failure or antidote resistance or failure)
 - vi. Known potential to cause severe illness
 - c. Accidental or intentional release of dangerous, banned or restricted chemical or radioactive agent

- 2. IS THERE A LIKELIHOOD OF CROSS-BORDER SPREAD?**
 - a. Evidence of epidemiological link to similar events in other countries
 - b. Need to alert in regard to the potential for cross border movement of the agent, vehicle or host (recent travel, international gathering, air or water contamination)
 - c. Cross border assistance is needed to detect, investigate, respond and control the current event, or prevent new cases.
 - d. Inadequate human, financial, material or technical resources (laboratory, epidemiological, treatments, equipment, surveillance systems)

- 3. MIGHT INTERNATIONAL TRAVEL OR TRADE RESTRICTIONS BE NECESSARY?**
 - a. Similar events in the past have resulted in international restriction on trade and/or travel across the border
 - b. The source is suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported across the border
 - c. The event might have occurred in association with an international gathering
 - d. The event has caused requests for more information by cross border officials or media

Epidemiologic Data to Share Across State and International Borders

**NOTE: PATIENT IDENTIFIABLE EPIDEMIOLOGIC DATA IS NOT
TO BE SHARED VIA ELECTRONIC ALERTING SYSTEMS.**

1. **Select Surveillance:** Epidemiologic data necessary for identifying trends or distribution of infectious disease. This information may be accessed through public health websites.
 - a) Examples include first West Nile Virus activity of the season.
 - i. Activity levels or summaries which may include aggregate data
 - ii. Sentinel infectious disease reports

2. **Case/Contact Reporting*:** Epidemiologic data necessary for cross-border contact investigation.
 - a) Includes the following items below, and any other data deemed relevant by the communicable disease investigator. **If reporting contact, do not provide patient-identifiable information for the case patient.*
 - i. Laboratory test results with testing agency, location, date and specimen source
 - ii. Name of case/contact
 - iii. Date of Birth of case/contact
 - iv. Address of case/contact
 - v. Phone number of case/contact
 - vi. Name/title of reporting individual
 - vii. Symptoms/severity of illness
 - viii. Date of exposure of contact
 - ix. Mechanism/means of contact
 - x. Type of exposure (*infectious, environmental, unknown, etc.*)
 - xi. Date of onset
 - xii. Place/Address of exposure
 - xiii. Hospitalization/Death
 - xiv. Recent travel history
 - xv. Lead contact professional and contact information for that individual

- 3. Outbreak Notification:** Epidemiologic data necessary to prevent or control an infectious disease outbreak. (*Outbreak is defined as a higher incidence of disease than is typically present in the population*).
- a) Includes the above listed elements in non-identifiable format unless required for epidemiologic investigation, as well as the following:
 - i. Organism or illness involved
 - 1. Lab results which confirm the organism, including typing results
 - ii. Definitions for confirmed, suspect and probable cases
 - iii. Cross-border link; likelihood of international spread
 - iv. Source and possible routes of transmission
 - v. Geographic scope of outbreak; number of individuals involved (contacts and cases)
 - vi. Other jurisdictions notified (*agencies and names*)
 - vii. Demographics
 - viii. Attack rates
 - ix. Immunization status and/or percentages
 - x. Prevention and control measures taken
 - xi. Community notification (*i.e. media releases*)
 - xii. Hospitalizations or deaths
 - xiii. Clinical guidance - laboratory requirements, diagnostic differentials (*signs/symptoms*), treatments
 - xiv. Travel implications
- 4. Urgent or Unusual Issues Notification:** Epidemiologic data necessary to prevent or control unusual or novel infectious agents.
- a) Includes the elements outlined in #2 and #3 above.
 - b) Situations may include known or suspected exposures to an unusual or novel infectious agent or substance, a single case of an unusual illness of public health importance, or potential mass exposure to infectious substances posing a threat to public health. Data on non-infectious events are included for purposes of rule-out diagnosis. Listings of bioterrorism agents can be found at <http://www.bt.cdc.gov/agent/agentlist-category.asp> or http://www.phac-aspc.gc.ca/ep-mu/faq_e.html#1
 - c) Receipt of notification must be confirmed.

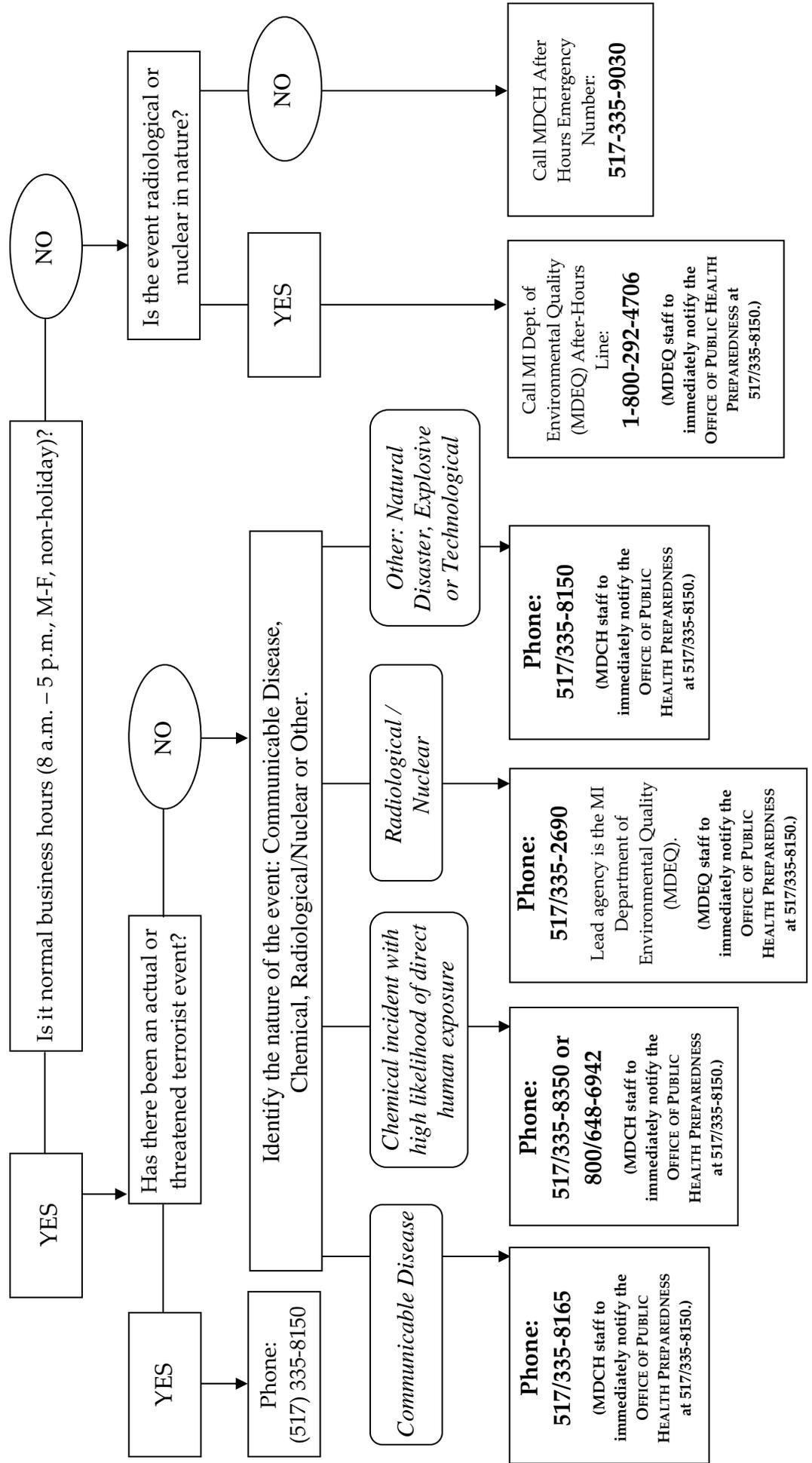
Epidemiologic data should be shared with Communicable Disease staff at local/state/provincial health departments. Contact information can be found within the *Great Lakes Border Health Initiative Communications Guideline*.

Epidemiologic data should be communicated per the Decision Tree found within the *Great Lakes Border Health Initiative Communications Guideline*.

Appendix 1: Michigan Department Of Community Health Public Health Agency Emergency Communication Guideline

Emergencies of a local nature only, should be communicated to the involved local health unit with concurrent notification of the state/province. Follow the communication protocol below for the State of Michigan for emergencies larger than single health unit jurisdictions.

For environmental emergencies in Ontario which will impact Michigan, notify the Ministry of Environment, Spill Action Center (800-268-6060 or 416-325-3000) who will then notify the MI State Police Special Operations Division.



Michigan Local Health Jurisdictions and Public Health Preparedness Regions

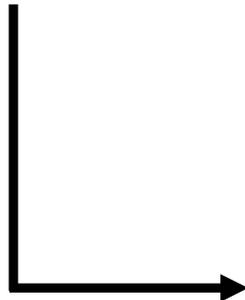


Appendix 2:
Minnesota Department of Public Health
Infectious Disease Emergency Communication Guideline



Public Health Emergency Contact Information

To report an infectious disease or
other potential public health threat,
24 hours a day, call the
**MINNESOTA DEPARTMENT OF HEALTH'S
INFECTIOUS DISEASE EPIDEMIOLOGY line at
1-877-676-5414.**



This phone number will trigger the MDH
internal notification process for:

- *Infectious disease surveillance*
- *Environmental Health hazards*
 - *Public Health Laboratory*
- *Office of Emergency Preparedness*
- *Health Alert Network messaging*

OR

To request state assistance or report a petroleum or
hazardous materials spill:

Call 24 Hours a Day

MINNESOTA DUTY OFFICER

1-800-422-0798

or (651) 649-5451

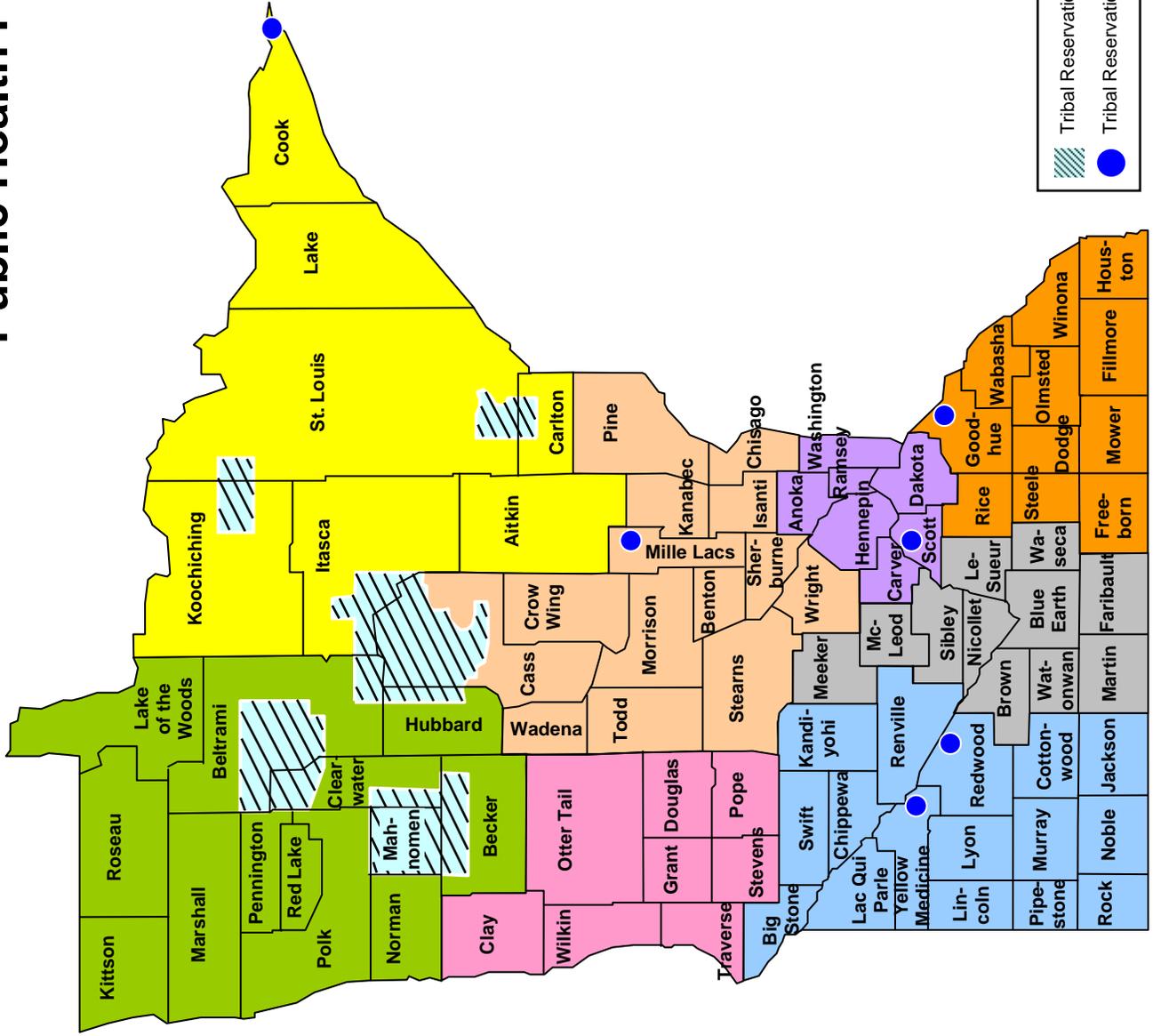
TDD: (651) 215-6952

Community and Family Health Division Public Health Preparedness Consultants

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- | | |
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St. Cloud District Office
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|  | Cathy Hockett, 507-537-7192
Marshall District Office
cathy.hockett@state.mn.us |
|  | Mary Rippke, 507-389-5192
Mankato District Office
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|  | Denise Dunn, 651-201-3884
Metro Office
denise.dunn@state.mn.us |
|  | Vacant, 507-280-3566
Rochester District Office
first.last@state.mn.us |



Appendix 3:
New York State Department Of Health
Infectious Disease Emergency
Communication Guideline

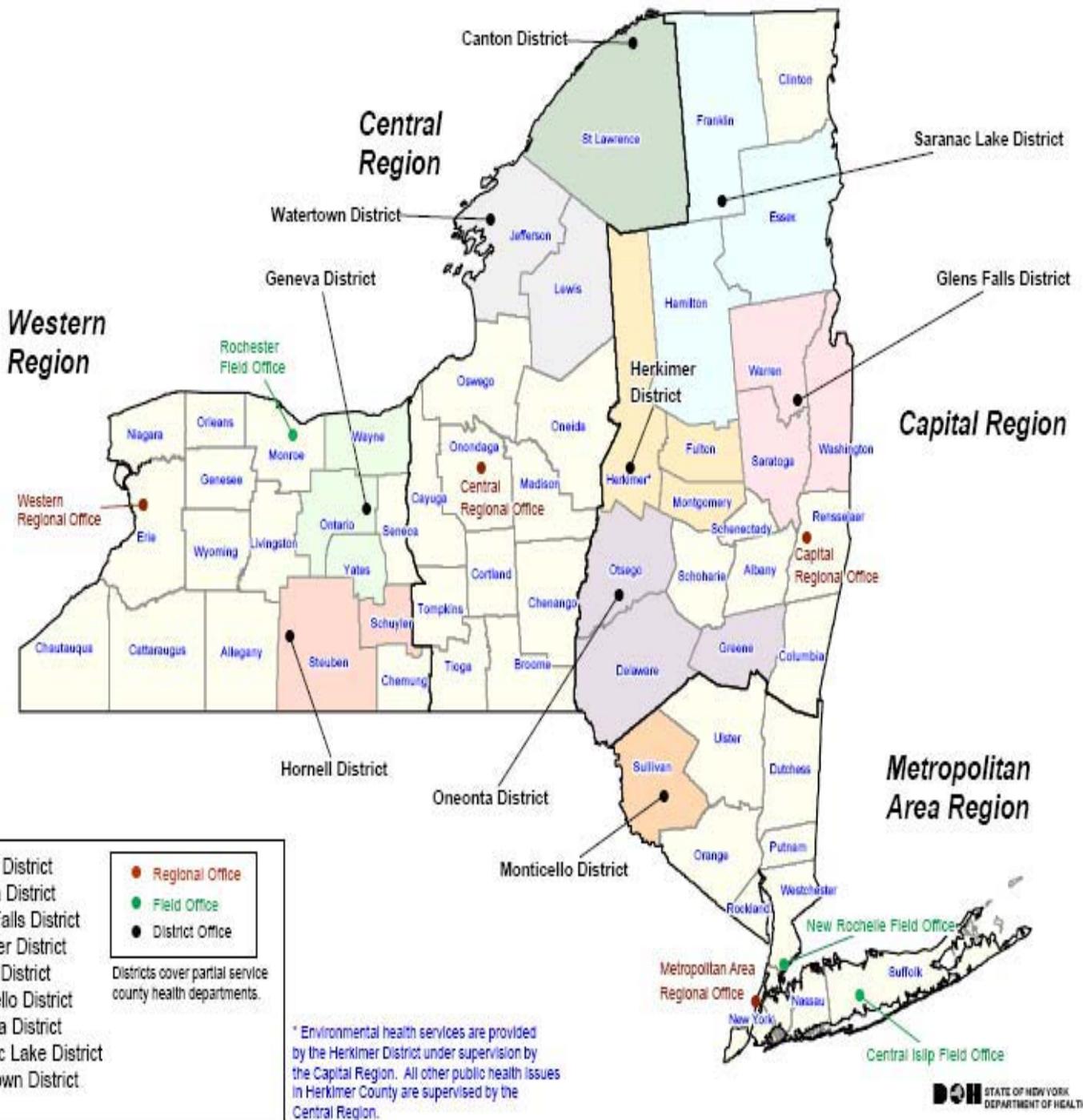


**PUBLIC HEALTH EMERGENCY
CONTACT INFORMATION**

To report an infectious disease or other possible outbreak call the NYS DOH Bureau of Communicable Disease Control **(518) 473-4436** (*Monday – Friday, 8:30 a.m. – 4:45 p.m.*)

To report an infectious disease or other potential health threat, **after** normal business hours-weekends and holidays -call the **NEW YORK STATE DUTY OFFICER LINE** at **1-866-881-2809**

NYSDOH Regional and Field Structure



11/30/2004 R:\Data\Development\Districts\DOHReg_FieldStructure.PDF

DOH STATE OF NEW YORK
DEPARTMENT OF HEALTH

Appendix 4:
Ohio Department of Health
Public Health Emergency Communication Guideline

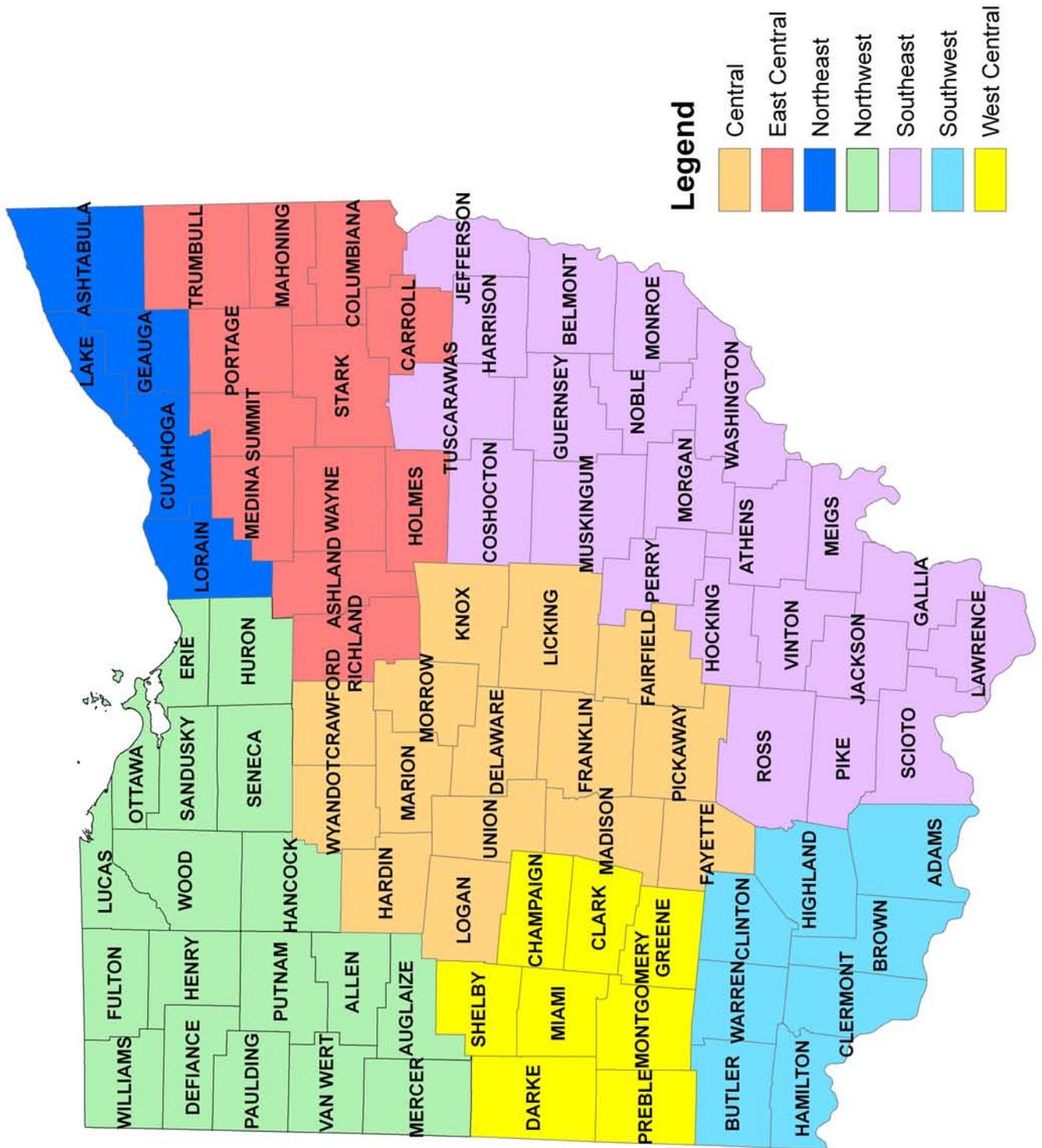


To report an infectious disease or potential public health threat,
24 hours a day, call the
OHIO DEPARTMENT OF HEALTH
Division of Prevention:
(614) 722-7221

This line provides a centralized point of contact for:

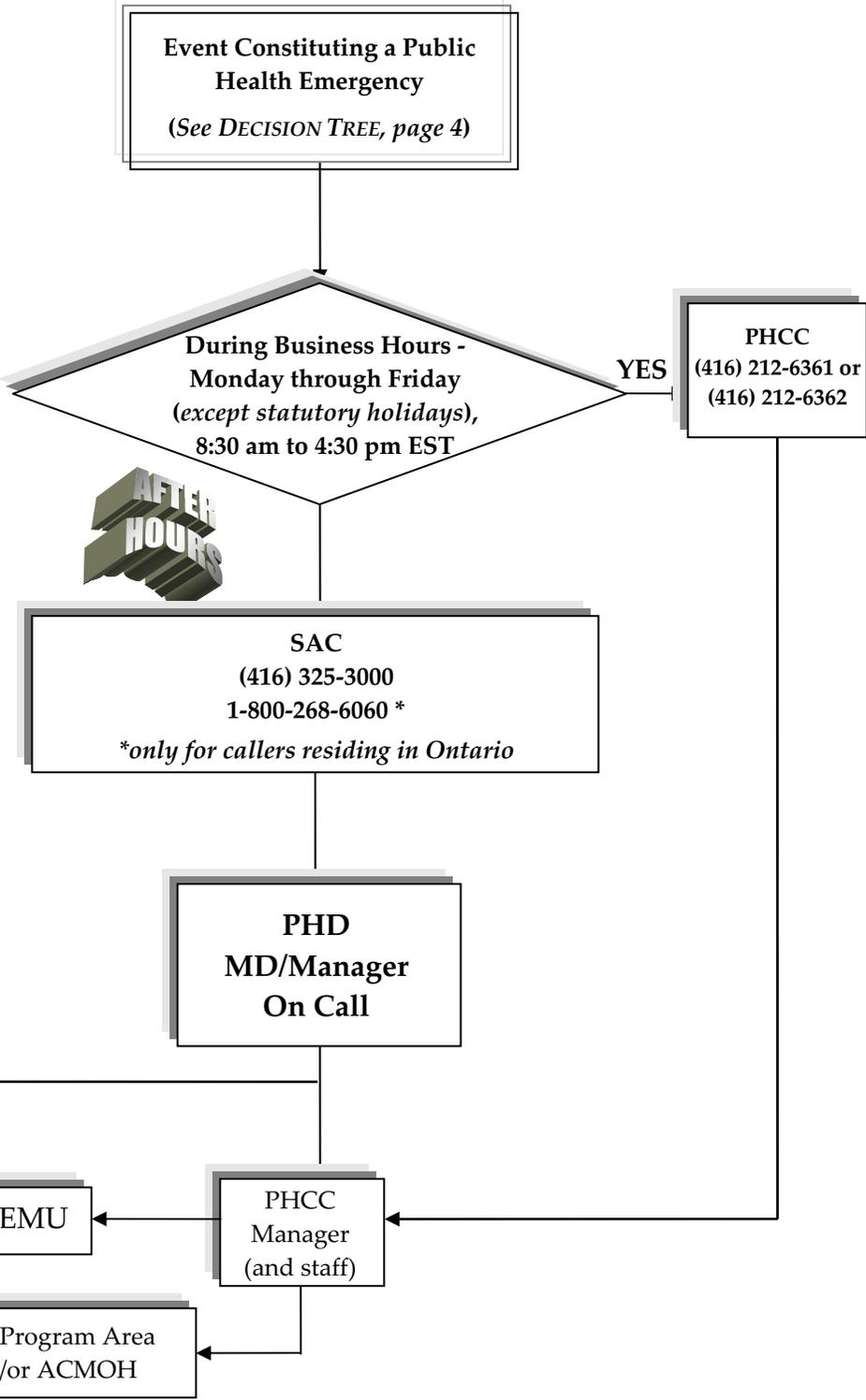
- Infectious Diseases
- Suspect Bioterrorism Acts
- Chemical Incidents
- Radiation Incidents
- Natural Disasters

Ohio Public Health Regions



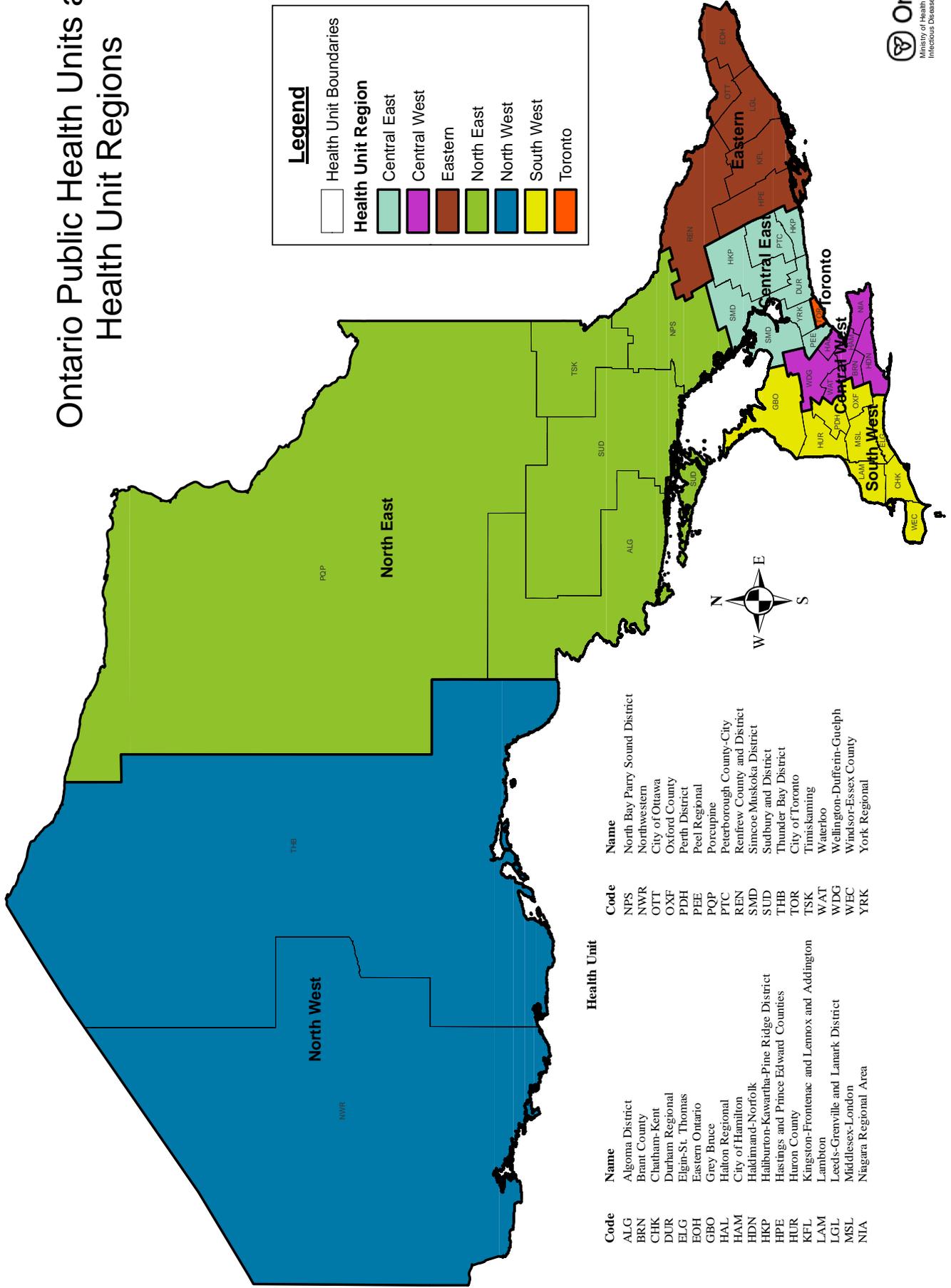
Appendix 5: Ontario Ministry Of Health And Long-Term Care Public Health Emergency Communication Protocol

ACMOH	Associate Chief Medical Officer of Health
CMOH	Chief Medical Officer of Health
EMU	Emergency Management Unit
MOE	Ministry of Environment
PHCC	Public Health Call Centre
PHD MD	Public Health Division Physician
SAC	Spills Action Centre (MOE)
PHUs	Public Health Units
FN	First Nations



NOTE: Other Ministries, outside MOHLTC and/or Local (eg. PHU's), Provincial, Federal, or (FN), Agencies will be notified as required by EMU, PHD Program Areas, MD/ Manager on Call or Public Health Call Centre.

Ontario Public Health Units and Health Unit Regions



Legend

- Health Unit Boundaries

Health Unit Region

- Central East
- Central West
- Eastern
- North East
- North West
- South West
- Toronto

Code	Name	Health Unit	Code	Name
ALG	Algoma District		NPS	North Bay Parry Sound District
BRN	Brant County		NWR	Northwestern
CHK	Chatham-Kent		OTT	City of Ottawa
DUR	Durham Regional		OXF	Oxford County
ELG	Elgin-St. Thomas		PDH	Perth District
EOH	Eastern Ontario		PEE	Peel Regional
GBO	Grey Bruce		PQP	Porcupine
HAL	Halton Regional		PTC	Peterborough County-City
HAM	City of Hamilton		REN	Renfrew County and District
HDN	Haldimand-Norfolk		SMD	Simcoe Muskoka District
HKP	Haliburton-Kawartha-Pine Ridge District		SUD	Sudbury and District
HPE	Hastings and Prince Edward Counties		THB	Thunder Bay District
HUR	Huron County		TOR	City of Toronto
KFL	Kingston-Frontenac and Lennox and Addington		TSK	Timiskaming
LAM	Lambton		WAT	Waterloo
LGL	Leeds-Gravelly and Lanark District		WDG	Wellington-Dufferin-Guelph
MSL	Middlesex-London		WEC	Windsor-Essex County
NIA	Niagara Regional Area		YRK	York Regional



Appendix 7:
Wisconsin Division Of Public Health
Public Health Emergency Communication Guideline

Event Constituting a Public Health Emergency
*(includes Communicable Disease, Environmental,
Human Services events)*

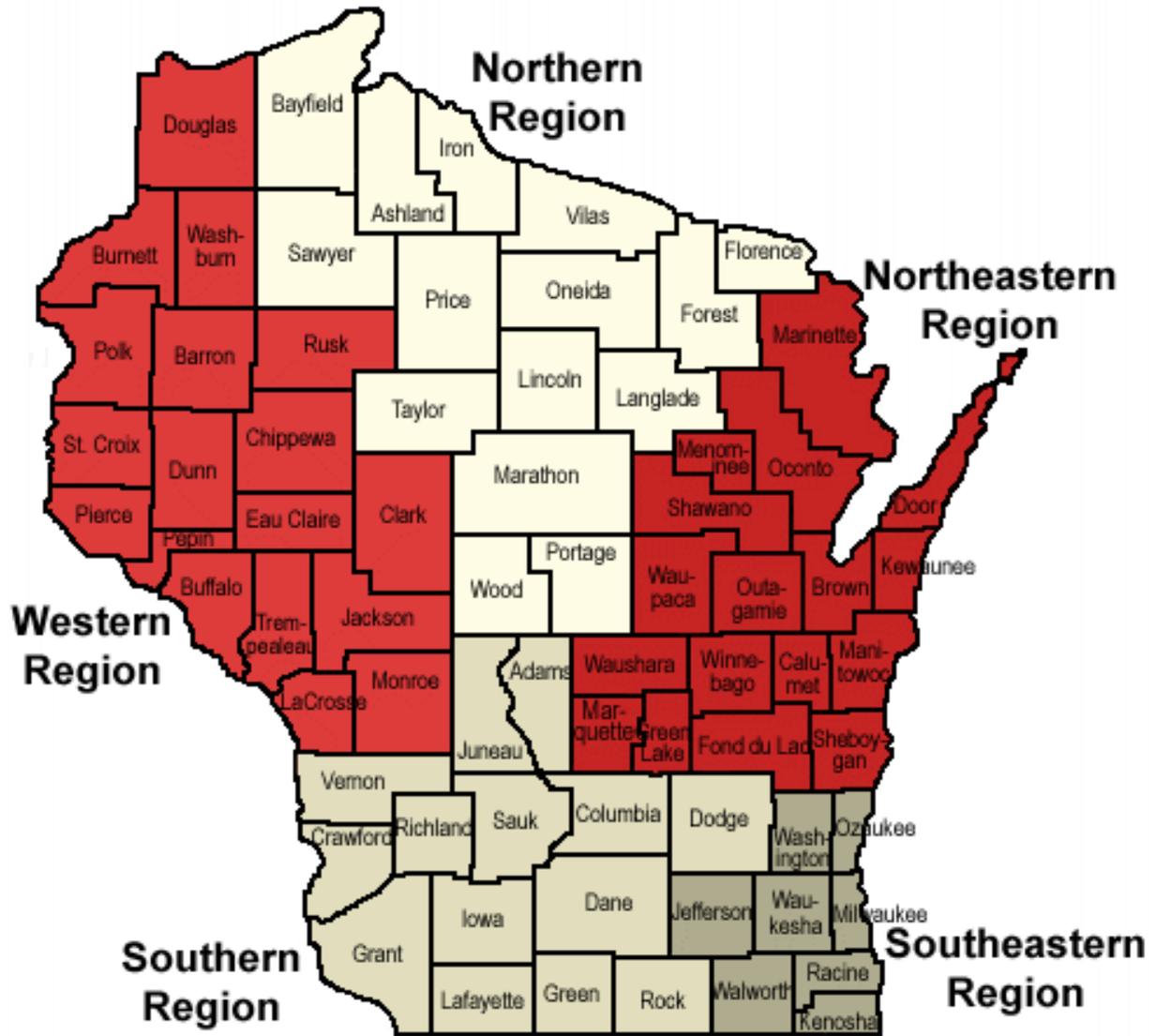
(See Decision Tree, Page 4)



Call 608-258-0099
(24 hours a day, seven days a week)
Answering service will direct the call to the
correct person.

*(Please do not give this number
to the general public or media.)*

Wisconsin Public Health Regions



**Appendix 7:
Great Lakes Border States Reportable Communicable Diseases -
United States & Canada**

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Acute Flaccid Paralysis			√ ¹⁸						√
Acquired Immune Deficiency Syndrome (AIDS)	√ ^{2,3}	√ ⁷	√ ¹¹	√ ²⁴	√	√ ²⁵	√ ^{11,12,13,15}	√	√
Amoebiasis/Amebiasis	√ ¹	√	√	√ ²¹	√	√	√ ^{12,14,15}		
Anthrax	√ ^{1**}	√ ^{7*}	√ ⁸	√ ¹⁹	√*	√ ^{26,29}	√ ^{12,14,16}	√	√
Arboviral disease (including West Nile Virus, Eastern Equine Encephalitis, St. Louis Encephalitis, California group [LaCrosse Encephalitis])	√ ¹	√	√ ⁸	√ ²⁰ (also Powassan virus disease, Western equine encephalitis virus disease and other arthropod-borne disease)	√ (encephalitis / meningitis and West Nile illness)	(includes Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue, Eastern equine encephalitis, West Nile virus infection, Yellow fever, et al)	√ ^{11,12,13,15} (encephalitis / meningitis)		
Aseptic (viral) meningitis	√ ¹	√	√ ¹⁸	√ ²⁰	√		√ ¹¹ (other than arbovirus)		
Avian Influenza	√ ¹	√	√ ¹⁸						
Babesiosis		√	√				√ ^{11,13,15,16}		
Blastomycosis	√ ¹	√	√ ¹⁸	√ ²³			√ ^{11,13,15}		
Botulism	√ ^{1**}	√*	√ ⁸	√ ¹⁹ (foodborne) √ ²¹ (wound, infant)	√*	√ ²⁶	√ ^{12,15} √ ^{12,13,15,16} (infant)	√ (foodborne; infant; other)	√
Bruceellosis	√ ¹	√ ^{7*}	√ ⁸	√ ²¹	√*	√ ²⁹	√ ^{11,12,15}	√	√
BSE (bovine spongiform encephalopathy)	Reportable to the Michigan Department of Agriculture	Reportable to the Minnesota Department of Animal Health	√ ¹⁸						√ (reportable to Canadian Food Inspection Agency)
Campylobacter enteritis	√ ¹	√ ⁷	√	√ ²¹	√		√ ^{11,14,15}		√
Campylobacteriosis	√ ¹					√			
Cat Scratch Fever (<i>Bartonella</i> spp.)			√ ¹⁸				√ ^{11,13,16}		
Chancroid	√ ¹	√	√	√ ²⁰	√	√	√ ^{11,12,13,15,16}	√	

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Chickenpox (see also Varicella)	√ ¹	√ ^{7, 31}	√ ¹⁸		√	√	√ ⁴	√	√
Chlamydial disease, genital	√ ¹	√	√	√ ²¹ (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)	√	√	√ ^{12,13,15,16}	√	√
Cholera (see also Vibrio)	√ ¹	√ ^{7*}	√ ⁸	√ ¹⁹	√	√ ²⁶	√ ^{12,14,15,16}	√	√
Coccidioidomycosis	√ ¹	√	√ ¹⁸	√ ²⁰				√	
Conjunctivitis, acute				√ ²³					
Creutzfeld-Jacob disease (see also Spongiform encephalopathy)	√ ¹	√	√ ⁹	√ ²¹	√	√			√
Cryptococcosis	√ ¹		√ ¹⁸						
Cryptosporidiosis	√ ¹	√ ⁷	√	√ ²¹	√*	√	√ ^{12,13,14,15}	√	√
Cyclosporiasis	√ ¹	√ ⁷	√	√ ²⁰	√*		√ ^{12,15,16}	√	√
Cytomegalovirus infection, congenital			√ ¹⁸	√ ²¹	√				
Dengue fever	√ ¹	√	√ ¹⁸	√ ²⁰					
Diphtheria	√ ¹	√ ^{7*}	√ ⁸	√ ¹⁹	√*	√ ²⁶	√ ^{12,14,15,16,17}	√	√
<i>Dipyllobothrium latum</i> infection (broad or fish tapeworm infection)		√							
<i>E. coli</i> O157:H7 (see also shigatoxin producing <i>E. coli</i> and Verotoxigenic <i>E. coli</i>)	√ ¹	√ ⁷		√ ²⁰			√ ^{12,13,14,15}		
• and other enterohemorrhagic <i>E. coli</i>	√ ¹	√ ⁷	√ ¹⁸			√ ^{26,28}	√ ^{12,13,14,15}		
• enteropathogenic <i>E. coli</i>	√ ¹	√ ⁷		√ ²⁰			√ ^{12,13,14,15}		
• enteroinvasive <i>E. coli</i>	√ ¹	√ ⁷					√ ^{12,13,14,15}		
• enterotoxigenic <i>E. coli</i>	√ ¹	√ ⁷					√ ^{12,13,14,15}		
Ehrlichiosis	√ ¹	√	√	√ ²¹		√	√ ^{12,13,16}	√ (human)	

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Encephalitis, viral	√ ¹	√	√ ⁸	√ ²¹ (also post infection)	√ All of the following: • Primary viral (including WNV) • Post-infectious • Vaccine-related	√		√ (arboviral)	
	√ ¹	√	√ ⁸	√ ²⁰	• Subacute sclerosing encephalitis • Unspecified	√		√ (arboviral)	
	√ ¹	√	√ ⁸	√ ²⁰		√		√ (arboviral)	
	√ ¹	√	√ ⁸	√ ²⁰		√	√ ¹¹ (other than arboviral)	√ (arboviral)	
• California Group (LaCross)	√ ¹	√	√ ⁸	√ ²⁰		√			
<i>Enterobacter sakazakii</i>		√ ⁷	√ ¹⁸						
Food Poisoning, all causes		√	√ ¹⁸		√*	√ ²⁶			
Foodborne or Waterborne outbreaks	The unusual occurrence, outbreak, or epidemic of any infection.	The unusual occurrence, outbreak, or epidemic of any infection.*	√ ¹⁸	√ ²⁰			√ ^{12,13,14,15}		
Gastroenteritis, institutional outbreaks	The unusual occurrence, outbreak, or epidemic of any infection.	The unusual occurrence, outbreak, or epidemic of any infection.*	√ ¹⁸	√ ²³	√*				
Genital herpes infection (1st episode identified by health provider)			√ ¹⁸				√ ¹³		
Giardiasis	√ ¹	√	√	√ ²¹	√ (Except asymptomatic cases)	√	√ ^{14,15}	√	√
Glanders (<i>Burkholderia mallei</i>)	√ ¹		√ ⁸						
Gonorrhea	√ ¹	√	√	√ ²¹ (including urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis)	√	√	√ ^{12,13,15,16}	√	√
Granuloma inguinale (<i>Donovanosis</i>)	√ ¹		√ ¹⁰	√ ²⁰		√			
Guillain-Barre syndrome	√ ⁵		√ ¹⁸			√			

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
<i>Haemophilus influenzae</i> disease, invasive	√ ¹ (meningitis or epiglottitis)	√ ⁷	√	√ ²⁰	√ (Invasive type B disease*)	√ ^{26,28}	√ ^{12,13,14,16,17} (includes epiglottitis)	√	√
Hantavirus pulmonary syndrome	√ ¹	√	√ ⁸	√ ²⁰	√*	√ ²⁶	√ ^{12,13,15,16}	√	√
Hemolytic-uremic syndrome (HUS), post diarrheal	√ ¹	√ ^{7*}	√	√ ²⁰	√*		√ ^{12,13,15}	√	
Hepatitis A	√ ¹	√	√	√ ²⁰	√*	√	√ ^{12,13,14,15,16,17}	√ (acute)	√
Hepatitis B	√ ¹	√	√	√ ²¹	√	√	√ ^{12,13,14,15,16,17}	√ (acute and chronic)	√
Hepatitis B in a pregnant woman	√ ¹	√	√ ¹⁸	√ ²⁰		√		√	
Hepatitis C	√ ¹	√	√	√ ²¹	√	√	√ ^{12,13}	√ (acute and chronic)	√
Hepatitis delta	√ ¹	√	√ ¹⁸	√ ²¹	√	√	√ ^{13,14,15,16}		
Hepatitis E	√ ¹	√	√ ¹⁸	√ ²¹		√	√ ^{14,15}		
Hepatitis Non-A, Non-B	√ ¹	√	√ ¹⁸		√	√			
Hepatitis, viral, unspecified	√ ¹	√	√ ¹⁸			√			
Herpes, Neonatal			√ ¹⁸	√ ²¹	√				
Histoplasmosis	√ ¹	√	√ ¹⁰	√ ²³		√	√ ¹⁶		
Human Immunodeficiency Virus	√ ^{2,3}	√ ⁷	√ ¹¹			√ ²⁵	√ ^{13,15}	√	√ ²⁴
<ul style="list-style-type: none"> • results of tests ordered to evaluate immune system status, to quantify HIV levels, or to diagnose acquired immunodeficiency syndrome among persons already diagnosed as HIV infected (CD4 Percent; viral load) 	√ ²	√ ⁷	√ ¹¹				√ ^{13,15}	√	√ ²⁴

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
• CD4+ T-lymphocyte count <200 / uL, or CD4+ T-lymphocyte percentage of total lymphocytes of <14	√ ²	√ ⁷	√ ¹¹			√ ²⁵	√ ¹¹	√	√ ²⁴
• Perinatal exposure of a newborn to HIV						√ ²⁵			
Influenza	√ ⁴	√ ⁷ (unusual case incidence, critical illness, or laboratory confirmed case)	√ ¹⁸	√ ²⁰ (influenza associated pediatric mortality)	√	√ (lab-confirmed only)		√ ³⁰	√ (Lab-confirmed)
Kawasaki disease	√ ⁵	√	√ ¹⁸	√ ²¹			√ ¹¹ , ¹³		
<i>Kingella</i> spp.		√ ⁷	√ ¹⁸						
Legionellosis (Legionnaire's Disease)	√ ¹	√ ⁷	√	√ ²⁰	√	√ ²⁶	√ ¹¹ , ¹² , ¹³ , ¹⁵	√	√
Leprosy (see also mycobacterial disease)	√ ¹	√	√ ¹⁸	√ ²¹	√	√ (Hansen's Disease)	√ ¹¹ , ¹² , ¹³ , ¹⁴ , ¹⁵ , ¹⁶	√	√
Leptospirosis	√ ¹	√	√ ¹⁰	√ ²¹		√	√ ¹¹ , ¹⁵		
Listeriosis	√ ¹	√ ⁷	√ (sterile site)	√ ²⁰	√	√	√ ¹¹ , ¹³ , ¹⁴	√	
Lyme disease	√ ¹	√	√	√ ²¹	√	√	√ ¹¹ , ¹² , ¹³	√	
<i>Lymphogranuloma venereum</i>	√ ¹		√ ¹⁸	√ ²⁰		√			
Malaria	√ ¹	√	√	√ ²⁰	√	√	√ ¹¹ , ¹² , ¹³ , ¹⁵	√	√
Measles (Rubeola)	√ ¹	√ ⁷ *	√ ⁸	√ ¹⁹	√*	√ ²⁶	√ ¹¹ , ¹² , ¹³ , ¹⁴ , ¹⁵ , ¹⁶ , ¹⁷	√	√
Melioidosis (Burkholderia pseudomallei)	√ ¹		√ ⁸						
Meningitis, acute	√ ¹			√ ²⁰	√	√	√ ¹¹ (other than arboviral)	√ (arboviral)	
• viral	√ ¹	√ ⁷	√ ⁸ (arboviral)	√ ²¹	√	√	√ ¹¹ (other than arboviral)	√ (arboviral)	
• other	√ ¹				√	√	√ ¹¹ (other than arboviral)	√ (arboviral)	
Meningitis, other bacterial	√ ¹	√ ⁷	√ ¹⁸	√ ²¹	√*	√	√ ¹¹ , ¹³ , ¹⁶		

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Meningococcal disease, meningitis or meningococemia	√ ¹	√ ^{7*}	√ ⁸	√ ¹⁹	√ (invasive meningococcal disease*)	√ ^{26,28}	√ ^{12,13,14,15,16}	√	√ (invasive meningococcal disease*)
Monkeypox	√ ¹		√ ⁸						
Mumps Virus	√ ¹	√	√	√ ²⁰	√	√	√ ^{12,13,15,16,17}	√	√
Mycobacterial Disease (nontuberculosis)	√ ¹		√ ¹⁸	√ ²¹			√ ¹¹		
Neonatal sepsis		√ ⁷	√ ¹⁸						
Nosocomial infections of any type				√ ²³					
Ophthalmia neonatorum			√ ¹⁸	√ ²¹	√				
Orthopox	√ ¹ √ ^{1**} (smallpox)	√ ^{7*}	√ ¹⁸						
Paratyphoid fever			√ ¹⁸		√*				
Pelvic Inflammatory Disease			√ ¹⁸				√ ¹¹ ^{12,13,16}		
Pediculosis				√ ²³					
Pertussis	√ ¹	√ ⁷	√	√ ²⁰	√	√	√ ^{12,13,14,15,16}	√	√
Plague	√ ^{1**}	√ ^{7*}	√ ⁸	√ ¹⁹	√*	√ ^{26,29}	√ ^{12,15,16}	√	√
Poliomyelitis, paralytic	√ ¹	√ ^{7*}	√ ⁸	√ ²⁰ (including vaccine-associated cases)	√ (acute)*	√ ²⁶	√ ^{12,15,16,17}	√	√
Psittacosis	√ ¹	√	√	√ ²⁰	√ (Ornithosis)	√ ²⁹ (Ornithosis)	√ ^{12,13,15}	√	
Q fever	√ ¹	√ ^{7*}	√ ⁸	√ ²⁰	√		√ ^{13,15,17}	√	
Rabies, animal	√ ¹	√*	√ ¹⁸			√ ²⁶ (also report to Department of Agriculture)		√	
Rabies, human	√ ¹	√*	√ ⁸	√ ¹⁹	√*	√ ²⁶	√ ^{12,15,16}		√
Respiratory infection outbreaks in institutions			√ ¹⁸	√ ²³	√*				
Respiratory syncytial virus						√			
Reye's syndrome	√ ⁵	√	√ ¹⁸	√ ²¹			√ ¹¹ ¹³	√	

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Rheumatic fever (see also Streptococcal Group A disease)	√ ⁵	√	√ ¹⁸	√ ²¹			√ ^{11,16} (newly diagnosed meeting Jones criteria)		
Ricin toxin			√ ¹⁸				√ ^{15,16}		
Rickettsialpox (see also Rocky mountain spotted fever and Typhus)			√ ¹⁰			√			
Rocky Mountain spotted fever (see also Rickettsialpox and Typhus)	√ ¹	√	√	√ ²¹		√	√ ^{12,13,15,16}	√	
Rubella	√ ¹	√ ^{7*}	√ ⁸	√ ¹⁹		√	√ ^{12,13,15,16,17}	√	√
Rubella, congenital	√ ¹	√ ^{7*}	√ ¹⁸	√ ²⁰		√	√ ^{12,13,16}	√	√
Salmonellosis (see also typhoid fever)	√ ¹	√ ^{7*}	(<i>S. typhi</i> must be reported immediately. ⁵)	√ ²⁰	√	√ ²⁸	√ ^{12,14,15}	√	√
Scabies				√ ²³					
Severe acute respiratory syndrome (SARS)	√ ¹	√ ^{7*}	√ ⁸	√ ¹⁹	√*	√ ²⁶		√	
Shigellosis	√ ¹	√ ⁷	√	√ ²⁰	√*	√ ²⁸	√ ^{12,14,15}	√	√
Shigatoxin producing <i>E. Coli</i> associated disease such as <i>E. coli</i> O157:H7 (see also <i>E. coli</i> O157:H7 or Verotoxigenic <i>E. coli</i>)	√ ¹	√ ⁷	√	√ ²⁰	(including indicator conditions-Hemolytic Uremic Syndrome)*			√	√
Smallpox (see also Variola)	√ ^{1**}	√ ^{7*}	√ ⁸	√ ¹⁹	√*	√ ²⁶	√ ^{12,15,16}	√	
Spongiform encephalopathy (See also Creutzfeldt-Jacob disease)	√ ¹ (includes Creutzfeldt-Jacob disease)	√	√ ¹⁸		√	√ ²⁹		√ (includes CJD, all types; Gerstmann-Strasser-Scheinker Syndrome, Fatal Familial Insomnia and Kuru)	
Sporotrichosis				√ ²³					

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Staphylococcal disease, first 28 days post-partum, mother or child		√	√ ¹⁸						
<i>Staphylococcus aureus</i> disease (vancomycin intermediate or resistant from any site, VISA, VRSA)	√ ¹	√ ⁷	√ ⁸	√ ²⁰		√		√	
Staphylococcal skin infections				√ ²³					
<i>Staphylococcus aureus</i> - methicillin resistant	√ ¹ (outbreaks only)		√ ¹⁸						
Staphylococcal enterotoxin B			√ ⁸						
Streptococcal Group A disease, invasive; not strep throat (See also Rheumatic fever)	√ ¹	√ ⁷	√	√ ²¹	√*	√	√ ^{11,12,16}	√	√
Streptococcal toxic shock syndrome	√ ⁵	√	√	√ ²¹				√	
Group B streptococcal disease of the newborn		√	√ ¹⁸	√ ²¹					√
Group B streptococcal invasive disease		√ ⁷	√ (sterile site)				√ ^{11,12,16}		
<i>Streptococcus pneumoniae</i> , drug resistant, invasive disease		√ ⁷	√ ¹⁸	√ ²¹	√ (pneumococcal disease, invasive)	√		√	
<i>Streptococcus pneumoniae</i> , invasive in children <5 years		√ ⁷	√ ¹⁸	√ ²¹	√ (pneumococcal disease, invasive)			√	
<i>Streptococcus pneumoniae</i> , invasive disease	√ ¹ (sterile site)	√ ⁷	√ (sterile site)	√ ²¹	√		√ ¹³		√

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Syphilis	√ ¹	√	√ ⁸	√ ²⁰	√	√	√ ^{12,13,16}	√ (primary; secondary; latent; late latent; latent unknown duration; Neurosyphilis; late, non-neurological; congenital)	√ (early latent; early symptomatic and other)
Tetanus	√ ¹	√	√	√ ²⁰	√	√	√ ^{12,13,17}	√	√
Toxic shock syndrome (See also Streptococcal toxic shock syndrome)	√ ⁵	√ ⁷	√ ¹⁸	√ ²¹		√	√ ^{12,13}	√	
Toxoplasmosis		√		√ ²¹ (congenital) √ ²³ (outbreak, unusual incidence or epidemic)		√	√ ¹¹		
Trachoma	√ ¹		√ ¹⁸		√ (Chlamydia trachomatis infections)				
Trichomoniasis			√ ¹⁸				√ ^{11,13}		
Trichinosis	√ ¹	√	√	√ ²¹	√	√	√ ^{11,12,13,15}	√	
Tuberculosis (<i>M. tuberculosis</i>)	√ ^{1,3}	√ ⁷	√ ⁸ (includes <i>M. tuberculosis</i> complex)	√ ²⁰ (including multi-drug resistant tuberculosis)	√	√ ²⁹ (including suspected & confirmed active disease (all sites), including the results of drug susceptibility testing)	√ ^{12,13,14,15,16}	√	√
Tularemia	√ ^{1**}	√ ^{7*}	√ ⁸	√ ¹⁹	√	√ ²⁹	√ ^{11,21,15}	√	√
Trypanosomiasis			√ ¹⁸						
Typhoid fever (see also Salmonellosis)	√ ¹	√ ^{7*}	√ ¹⁸	√ ²⁰	√*	√ ²⁶	√ ^{11,12,13,14,15}	√	√
Typhus (see also Rickettsialpox and Rocky Mountain Spotted Fever)	√ ¹	√	√ ¹⁸	√ ²¹		√	√ ^{11,15,16}		

Disease/Agent	Michigan	Minnesota	New York	Ohio	Ontario	Pennsylvania	Wisconsin	United States (CDC)	Canada (Health Canada)
Vaccinia virus			√ ⁶						
Varicella (see also Chickenpox)	√ ¹	√ ^{7, 31}	√ ¹⁸	√ ²¹	√	√	√ ^{11, 4}	√	√
Verotoxigenic <i>E. coli</i>	√ ¹		√ ¹⁸		√ (including indicator conditions-Hemolytic Uremic Syndrome)*			√	√
<i>Vibrio</i> spp. (see also Cholera)	√ ¹	√ ⁷	√	√ ²¹		√ ²⁶			
Viral hemorrhagic fevers, such as Lassa fever and Congo Crimean hemorrhagic fever	√ ^{1, **}		√ ⁸	√ ¹⁹	√* (includes Ebola, Marburg and others)	√ ²⁶			√
Visceral larva migrans			√ ¹⁰						
Yellow fever	√ ¹	√	√ ⁸	√ ¹⁹	√	√ ²⁶	√ ^{12, 15}	√	√
Yersinia enterocolitica	√ ¹	√ ⁷	√	√ ²¹	√ (Yersiniosis)		√ ^{11, 14, 15}		
West Nile Virus Infection	√ ¹	√*	√ ⁸	√ ²⁰	√	√ ²⁶			
The unusual occurrence, outbreak, cluster of isolates or epidemic of any infection including healthcare-associated infections	√ ¹	√*	√ ¹⁸	√ ²³		√ ²⁹			
Unexplained deaths and unexplained critical illness (possibly due to infectious case)		√ ^{7*}							
Any suspected outbreaks of other acute or occupationally-related diseases.							√		

Reportable Communicable Disease Table Endnotes

Michigan Department of Community Health:

¹ Immediate report requested, reporting within 24 hours of discovery or diagnosis is required.

² Report as soon as possible, reporting within 7 days of discovery or diagnosis is required.

³ Required to be reported on a special form supplied by local health departments.

⁴ Report weekly aggregate counts.

⁵ Report as soon as possible, reporting within 3 days of diagnosis or discovery is required.

**** Category A Bioterrorism agent, please notify the MDCH Laboratory: (517) 335-8063**

Minnesota Department of Health:

⁶ *All diseases are to be reported within one working day unless otherwise noted.*

⁷ Submission of clinical materials required. Submit isolates, or if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material.

³¹ Primary cases are reportable if there is an unusual case incidence, critical illness or is lab-confirmed. Recurrent cases (shingles) are reportable if there is an unusual case incidence or critical illness.

* Should be reported to the MDH immediately by telephone.

New York State Department of Health:

⁸ Immediately reported by phone to local or city health department in which patient resides.

⁹ Creutzfeldt-Jakob disease (and suspicion of) should be reported directly to the New York State Department of Health Alzheimer's disease and Other Dementias Registry

¹⁰ New York City only.

¹¹ Must be reported directly to the New York State Department of Health, not the local health department.

¹⁸ While individual cases of some diseases are not reportable, a cluster or outbreak of any communicable disease is a reportable event.

Ohio Department of Health:

Unless otherwise noted, reports of cases and suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case or person from whom the specimen was taken.

¹⁹ Report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists.

²⁰ Report by the end of the next business day after the existence of a case, a suspected case or a positive laboratory result is known.

²¹ Report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known.

²² The number of cases is to be reported by the close of each working week.

²³ Report an outbreak, unusual incidence or epidemic by the end of the next working day.

²⁴ Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV and CD-4 T-lymphocytes <200 or 14% must be reported on forms and in a manner prescribed by the director.

Ontario Ministry of Health and Long Term Care:

All diseases are to be reported by the next business day **except** for those marked with *, which should be reported immediately to Ministry of Health by telephone.

Pennsylvania Department of Health:

²⁵ Clinical laboratories must report within 5 days of obtaining the test result.

²⁶ Healthcare practitioners and healthcare facilities must report within 24 hours.

²⁷ Hospitals, clinical laboratories, and health care facilities must report within 180 days.

²⁸ In addition to reporting, clinical laboratories must also submit isolates to the State Laboratory within 5 work-days of isolation.

²⁹ Cases in animals are reportable to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology within 5 work days after being identified. Cases involving humans should follow normal reporting procedures.

Wisconsin Department of Health and Family Services:

I. Immediate report to local health officer and written report within 24 hours of identification of case or suspected case is required.

II. Report to local health officer within 72 hours of identification of a case or suspected case is required. Public health intervention is expected.

III. Report to state epidemiologist within 72 hours of identification of a case or suspected case is required.

⁴ Only total number is required to be reported.

¹² Infectious diseases designated as reportable at the national level.

¹³ Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the EpiNet manual.

¹⁴ High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

¹⁵ Source investigation by local health department is needed.

¹⁶ Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

¹⁷ Vaccination history required.

United States (CDC):

³⁰ A human case of infection with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also novel subtypes.

Appendix 9: Health Alert Network Systems (HAN)

The United States Centers for Disease Control and Prevention (CDC) provided initial funding to 36 grantees to establish public health notification systems called Health Alert Networks (HAN) in 1999. As of 2002, all states and territories were funded to establish HAN systems from CDC under grants for bioterrorism preparedness, Focus Area E. Each state and territory was provided the latitude to determine how to establish its HAN system. Some states chose to create their own systems, while others chose an off-the-shelf software product to be the platform for their system. The result is that the states often have very different types of HAN systems.

HAN systems provide a simple method of communication with public health officials and other first responders to improve awareness during an event. One of the central requirements of the CDC grants was that the HAN systems should use a directory based on roles or functions rather than persons. The CDC grants also specified that a state's HAN system should be able to contact people via multiple methods (e.g. phone, E-mail or pager) and recipients should be able to acknowledge receipt.

Use of the HAN for cross-border communications should identify specific contacts in a set of Health Alert Network roles containing corresponding key cross-border officials. The ability to send notifications to these roles should be limited to a small number of individuals. Those using HAN systems to send alerts must not include patient information or other confidential data.

Individuals may be notified via the HAN prior to or during an event. Criteria used in the decision to send an alert would address the seriousness of the event to have an impact across borders and are outlined on page 4, "Decision Tree for Events Which Require Public Health Agency Notification."

Recommended steps to follow when sending cross-border alerts:

1. Create alert following standard alerting protocols. The alert should include concise information summarizing the event, including what action needs to be taken and directions on where the recipient can get additional information.
2. Choose the appropriate bordering health agency role that needs to be notified
3. Send the alert.

For state specific HAN information, please visit the following links:

- **Michigan** – http://www.michigan.gov/mdch/0,1607,7-132-2945_21919_25536-72730--,00.html
- **Minnesota** – <http://www.health.state.mn.us/han/index.html>